

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSING
REQUEST BY COMMERCIAL DRIVER LICENSE HOLDER FOR COMPLETE THREE-YEAR
SOUTH DAKOTA ABSTRACT OF DRIVER'S OPERATING RECORD**

I hereby certify that my name is _____
(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is ____ - ____ - ____ and my driver license # is _____,
(month/day/year)

my present address is _____
(Street and/apt.unit) (City) (State) (Zip Code)

my telephone number is () _____.
(include area code)

Complete this section only if you are authorizing another individual to obtain your driving record:

I HEREBY AUTHORIZE:

(First Name) (Middle Initial) (Last Name)

TO OBTAIN MY ABSTRACT OF DRIVER'S OPERATING RECORD INCLUDING MY PERSONAL
INFORMATION ON THE RECORD.

NOTARY INFORMATION

Subscribed and sworn before me this _____, day of _____,
My Commission expires / /

(Seal)

(Notary Public Signature)

(Applicant Signature)

(Date)

(THIS FORM MUST BE NOTARIZED)

DO NOT RETURN THIS FORM TO THE EXAM STATION

**SEND FORM ALONG WITH \$5.00 FEE,
TO:
DRIVER LICENSING
118 WEST CAPITOL AVE
PIERRE SD 57501-2036**